

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonTownship KawCity Kansas CityRegistration District No. 399Primary Registration District No. 1002(No. Baltimore Hotel)File No. 36854Registered No. 2003St. Ward2. FULL NAME James F. Meade(a) Residence, No. 4817 BelleviewSt., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., If of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMrs. Audrey C. Meade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 4, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.30511208. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Banker9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN)

Gallatin, Mo.

(STATE OR COUNTRY)

13. NAME John Meade

14. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

15. MAIDEN NAME May Tuert

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

17. INFORMANT Mrs. Audrey C. Meade(ADDRESS) 4817 Belleview

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gallatin, Mo.DATE Oct 26, 193719. UNDERTAKER Wagner Funeral Home(ADDRESS) 204 W. Linwood20. FILE NO. 10-25 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 20 to Oct 24, 1937I last saw him alive on Oct 24, 1937 Death is saidto have occurred on the date stated above, at 1:00 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar PneumoniaOther contributory causes of importance: 108Name of operation no Date of noWhat test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1937Where did injury occur? no

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) W. M. Crowe, M. D.(Address) 1414 Park Bldg. K.C.

Wm. D. D. Cooper

5319 Oak - Professional Bg,
#i 0615 - #i 1761

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